

56 Burrell: *Pulmonary Tuberculosis*; Hare: *Scleroderma*

Neoplasm of Lung.

By L. S. T. BURRELL, M.D.

MALE, aged 52. Quite well three months ago when he began to suffer from dyspnoea. Cough for two months; patient was thought to have bronchitis. No pain. At present dulness all over left side of chest and breath sounds weak. Heart position normal.

Needle put into left side and was felt to pass through thick resistant matter. No fluid found. X-ray examination: Dense opacity over left side of chest.

Cases of Pulmonary Tuberculosis treated with Sanocrysin.

By L. S. T. BURRELL, M.D.

Case I.—Male, aged 17. Onset of pulmonary tuberculosis July, 1926. In January, 1927, there was considerable infiltration of both apices, as shown in radiogram. Evening temperature 100° F. Tubercle bacilli numerous in the sputum. The chart shows the reactions to the sanocrysin. No tubercle bacilli in sputum in the last two examinations.

Case II.—Female, aged 28. Pulmonary tuberculosis developed in March, 1926. In December there was considerable disease, as shown in radiogram. No tubercle bacilli were found in the sputum in February after sanocrysin treatment. She had reactions as shown in the chart after two sanocrysin injections.

Two Cases of Scleroderma.

By D. C. HARE, C.B.E., M.D.

CASE I.

MRS. B. W., aged 40. Present trouble began about four and a half years ago when the patient had "rheumatism" in the joints, beginning in the fingers but also extending to the wrists, knees and ankles. It became much worse during 1926 when the hands were gradually "drawn up." Patient first seen in November, 1926, when the general condition was much as at present, with the addition of very severe oral sepsis.

Past History.—Nothing to note.

Present Condition.—Very thin; physique poor. *Face:* Skin thick, white and drawn tightly over the bones. Many telangiectases. Tongue protruded with difficulty. Voice hoarse and weak. *Hands:* Skin white and glossy, and sweating profusely. Fingers tapering, stiff and almost immobile, terminal phalanges displaced downwards. *Other Joints:* Wrists, shoulders and knees all stiff and the movements painful. Some grating on movement. The hips, elbows and spine appear to be unaffected.

Treatment.—By extraction of teeth and by administration of an autogenous vaccine from a septic root.

Clinical Section

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CASE II.

SCLERODERMA WITH SUBCUTANEOUS NODULES.

MRS. H. P., aged 28. The patient was shown before this Section last session¹ and is shown again as then requested.

The present trouble began about six years ago and she first noticed the nodules about three years ago.

Past History.—Nothing to note. No septic focus ever found.

Present Condition.—The patient is fairly well nourished but of poor physique. *Face:* Nose slightly cyanosed and the skin shiny. The voice is hoarse but has been so for many years since an operation for removal of tonsils.

The Hands: Hands and forearms deeply cyanosed; skin atrophic and shiny and sweating noticeable. The fingers are stiff and are moved with difficulty. The terminal phalanges are atrophied and on their palmar surface there are enlarged vessels under the skin. These are at times very irritable, like "chilblains." The nails are becoming smaller.

The Nodules: Little changed since patient was last shown. They vary from about a $\frac{1}{4}$ to 1 cm. in diameter. They are most numerous in the fascial tissues round joints and tendon sheaths, especially on the elbows and backs of the hands. A few are present on the knees and ankles.

Treatment has been carried out with thyroid and electrical baths and the patient considers herself somewhat improved.

Erythema Nodosum, leading to the Detection of Latent Hilus Tuberculosis.

By F. PARKES WEBER, M.D.

THE patient, H. H., aged 10, is a rather fat girl, with slight hypertrichosis of the back of the thorax. Excepting for ear disease, for which a right mastoid operation was performed at the age of seven months, she has usually enjoyed good health. Her enlarged tonsils were excised thirteen months ago. She is the youngest of a family of eight brothers and sisters, who, as well as the mother and father, are all living. The present trouble, which was first noticed on February 21, now (March 3) consists of several large, shiny bluish patches of erythema nodosum in front of the legs, over or close to the tibiae. There are none on the upper extremities or elsewhere on the lower extremities. No pain has been complained of, and the patient does not now feel ill, though she was ailing for a week before the erythema nodosum attracted attention.

By ordinary examination there is no evidence of disease in the thoracic or abdominal viscera or in the mouth or tonsils, but there is some chronic enlargement of cervical lymphatic glands, and the Pirquet cuti-reaction for tuberculosis is strongly positive (allergic response). Moreover, a Roentgen skiagram of the thorax shows enlarged bronchial glands, doubtless due to tuberculosis. So that there is a condition of bilateral hilus tuberculosis present, as well as possible tuberculosis of cervical lymphatic glands.

In this case the attack of erythema nodosum should, I believe, be interpreted as the manifestation of a mild "tuberculous bacillæmia," due to the "escape" or

¹ See *Proceedings*, 1926, xix (Clin. Sect.), p. 36.